GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Convergence efforts to reduce MMR, IMR and Malnutrition – Conduct of Convergence Committee meetings at Village, Mandal, District and State level – Orders issued

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Department for Women, Children, Disabled & Senior Citizens (Prog.I)

G.O.Ms. No.1 Dated 12.01.2015.

Read the following…

1. G.O.Rt.No.249, HM&FW (D2) Department, dt.24-9-2012
2. G.O.Ms.No.57 HM&FW (D2) Department dt.31.04.2013
3. Meeting of Group of Secretaries dt.09.09.2014
4. G.O.Ms.No.22, Planning (VII) Department, dt.09.10.2014
5. Hon'ble Chief Minister's meeting on SC,ST State Level Council, 3rd Meeting on 27.12.2014

ORDER:

1. With an objective to significantly improve the pace of decline of MMR, IMR and Malnutrition in Andhra Pradesh, instructions were issued vide GO 1st read above, for effective convergence of the allied departments of Health, ICDS, Rural Water Supply and Sanitation along with PRIs, SHGs and community; to focus on 20 key interventions; and to set up Committees at various levels for monitoring and implementing the convergence efforts.

2. Vide reference 2nd cited, operational guidelines were issued for regular meetings of these committees once in a month. The agenda for these meetings and the roles and responsibilities of the committees were also issued therein.

3. Vide reference 3rd cited, the Group of Secretaries (GoS) as constituted by the Chief Secretary, reviewed the convergence efforts and decided that meetings at different levels should be held regularly. It was also decided that the committees should be reconstituted to enable greater participation of PRIs.

4. During the State Council meeting for SCSP and TSP and review meeting of welfare departments, the Hon'ble Chief Minister felt the need for regular conduct of meetings at Gram Panchayat, PHC and District level, to enable cohesive efforts of the field functionaries along with community and to achieve the desired goals

for reducing MMR, IMR and Malnutrition. The convergence mechanism would ensure that all pregnant & lactating women and children below 5 years avail the health and nutrition services and that there is a close follow-up for all the high risk pregnant women and high risk children. It was felt that such convergence efforts would help to bring about behavioural change in the community more effectively. It was also decided that ICDS functionaries in addition to health functionaries will maintain name based records of the target group and that focus will continue on the 20 key interventions already indentified.

5. In view of the above, the Government has decided to institutionalise the convergence structure for reducing MMR, IMR and Malnutrition and hereby constitute the convergence committees at various levels as follows:

   i. Gram Panchayat Convergence Committee: [This will also be the Village Health, Nutrition & Sanitation Committee as required to be constituted by GoI]

1.	Sarpanch	Chairperson
2	Gram Panchayat (GP) Secretary	Member Convenor
3	ANM & Head Quarter AWW	Member - Co-Conveners
4	Other members of GP Janma Bhoomi (JB) Committee [i.e., MPTC, SHG (2), Social Activists (2)]	Members
5	All the ASHAs & Other AWWs	Members
6	VO Chairpersons	Members

   ii. Ward Convergence Committee:

1.	Ward Member / Corporator	President
2	Bill Collector	Member Convenor
3	ANM & Head Quarter AWW	Member - Co-Conveners
4	Other members of JB Committee [i.e., SHG (2), Social Activists (3)]	Members
5	All ASHAs & Other AWWs	Members
6	Slum Level Federation (SLF) Chairpersons	Members

   iii. PHC Convergence Committee:

1.	MPP	Chairperson
2	Medical Officer, Primary Health Centre (PHC)	Member Convenor
3	CDPO	Member - Co-Convener
4	Other members of Mandal JB Committee	Members

	[i.e., ZPTC, MPTC (2), Sarpanches (2) Social Activists (2), SHG Members (1), MPDO]	
5	Dy. DM&HOs	Members
6	ICDS Supervisors, MPHS (M&F), MPHEO	Members
7	AE (RWS) & AE (PR)	Members
8	Mandal Mahila Samakhya (MMS) Chairperson	Member

iv. ULB Convergence Committee:

1.	Municipal Chairperson / Mayor	Chairperson
2	Municipal Health Officer	Member Convenor
3	CDPO	Member - Co-Convener
4	Other members of JB Committee [i.e., Ward member/Corporator (1), Social Activists (3/4), Commissioners]	Members
5	ICDS Supervisors, Urban Health Centre (UHCs) MOs	Members
6	EE / Dy.EE (PR)	Members
7	Town Level federation Chairperson	Member

v. District Convergence Committee

1.	District Minister	Chairperson
2	District Collector	Co-Chairperson
3	ZP Chairpersons, MLAs and Municipal Chairperson/Mayor	Members
4	PD (DRDA), PD (MEPMA), PO (ITDA)	Members
5	SE (RWS) & SE (PR)	Members
6	Addl. DM&HOs & DPHN	Members
7	Zilla Mahila Samakhya (ZMS) Chairperson	Member
8	DM&HO	Member – Convenor
9	PD (ICDS)	Member – Co convenor

vi. State Convergence Committee

1	Chief Secretary	Chairperson
2	Principal Secretary/ Secretary of Health, Medical and Family Welfare	Member
3	Principal Secretary/ Secretary of Women	Member

	Children, Disabled & Senior Citizens	
4	Principal Secretary/ Secretary of Rural Development	Member
5	Principal Secretary/ Secretary of Panchayati Raj	Member
6	Principal Secretary/ Secretary of Rural Water Supply and Sanitation	Member
7	Principal Secretary/Secretary MA&UD	Member
8	Principal Secretary/ Secretary of Planning	Member
9	CEO – SERP	Member
10	Commissioner (Health & Family Welfare)	Member – Convenor
11	Commissioner (Women Development & Child Welfare)	Member – Co convenor

The above convergence committees will meet once in a month and may invite experts, NGOs and activists in their meetings. The Gram Panchayat convergence committee will meet on 1st Saturday of every month. The PHC convergence committee will meet on 10th of every month. The District convergence committee will meet on 15th of every month and the State convergence committee will meet on 20th of every month.

6. The Convergence Committees will have the following roles and responsibilities -

- To set goals for improving health and nutrition status of Pregnant & Lactating Women, Children below 5 years and Adolescent Girls
- To ensure name based tracking of all the Pregnant Women and Lactating Mothers and Children (0-5 years) for delivery of Maternal & Child Health Services
- To ensure that all the High Risk Pregnant Women & High Risk Children are properly identified and that the community as well as facility based care is provided to the High Risk cases
- To prepare Health and Nutrition plans and to implement the same
- To review the health, nutrition, drinking water and sanitation issues in their jurisdiction and to set priorities and identify high risk areas
- To identify gaps in service delivery and assist and contribute in improving delivery of quality services
- To identify areas of concerns in awareness and attitudes and be responsible for behaviour change in community
- To review action taken and report progress as per prescribed formats
- To receive corpus/ revolving funds etc, if any for effective delivery of health & nutrition services.

7. The Convergence Committees will seek to achieve the desired goals with a focus on the following 20 key interventions:

1. ***Early Registration of Pregnancy.*** Registration to be done immediately on confirmation but definitely before 12 weeks of pregnancy and will involve the following:
   a. A confirmatory pregnancy test
   b. Registration
   c. Issuance of Mother and Child Protection (MCP) card both in public & private sector.

2. ***Ante Natal Checkups (ANCs):*** Every pregnant women to have minimum four ANCs of which, one between 16-20 weeks and the other between 32-34 weeks to be attended by the Medical Officer at the Primary Health Centres (PHCs). The components of the ANC are:
   a. Haemoglobin estimation (Sahli's method)
   b. B.P. measurement
   c. Urine testing
   d. Weight monitoring
   e. Tetanus Toxoid
   f. Distribution and ensuring consumption of Iron Folic Acid (IFA) tablets
   g. Updating the MCP card after each service delivery
   h. Health counselling, which includes awareness generation regarding general hygiene, exercise, diet, rest, breast care and danger signs during pregnancy.
   i. Identification of high risk pregnancies

3. ***Maternal Nutrition***
   Nutrition counseling to be anchored by AWW and will be on diet intake in terms of quantity and quality food with proteins and iron rich foods, and on consumption of IFA tablets. There shall be diet supplementation at Anganwadi Center (AWC).

4. ***Identification of high-risk pregnancies as part of ANCs*** & ensuring appropriate follow-up through community and facility based care protocols.

5. ***Birth Planning.*** Advanced birth planning for the pregnant woman is to be done with four components:
   a. Identification of the Institution where delivery is planned and to promote institutional deliveries at Public Health facilities (even if the delivery is planned in another village/town).
   b. Transport arrangements with 108 or any other alternative method.

c. Identifying the person(s) accompanying the pregnant woman for delivery.
d. Arrangements required for 48 hours stay at the hospital after delivery.

6. ***Institutional delivery:*** Basic Services to be delivered for Intra-Natal care in Public & Private Sector are:
   a. Quality of Intra natal care (Partogragh to be plotted for every delivery to know the course of parturition).
   b. APGAR score of newborn and birth weight to be recorded in MCP card.
   c. "Zero" doses of BCG, OPV and Hepatitis B and recorded in MCP card.
   d. Issue of Birth certificate from MCP card.

   In addition to the above services, Public Health facilities to
   e. Make JSY payments before discharge.
   f. Ensure safe drop back after 48-hour stay at the hospital.

7. ***Early initiation of breastfeeding:*** (within an hour of birth). Counseling by Medical Officer or Health staff in case of institutional delivery and by AWW/ASHA/ANM during Home visits.

8. ***Exclusive breastfeeding for six months:*** Counseling of mothers at AWCs and during Home visits of AWW/ASHA/ANM.

9. ***Post Natal Care and Newborn Care:*** The Medical Officer to do the first postnatal visit at the hospital. The remaining six postnatal visits for the care of the mother & the newborn will to be done primarily by ASHA with support of AWW. ANM/Lady health supervisor/Medical officer shall be doing prioritized postnatal visits to high-risk cases, those that require special care, verify a sample of postnatal visits done by ASHA and provide on job training on post natal visits to ASHA. Apart from the examination the ASHA/AWW are required to:
   a. Identify signs of sickness in both mother and the newborn.
   b. Ensure appropriate, timely referral and inform the Medical Officer of the PHC to ensure that the Specialist/First Referral Unit (FRU) is ready to receive the patient.

10. ***Immunization:*** The infant gets zero dose of BCG, OPV and Hepatitis B at time of delivery; three doses each of DPT, OPV, Hepatitis B vaccines in sixth, tenth and fourteenth weeks after birth; Measles vaccine and Vitamin – 'A' after completion of nine months of age; DPT booster doses

at 18 months and 60 months with biannual doses of Vitamin – 'A' solution up to 60 months.

11. ***Growth Monitoring:***

a. Regular growth monitoring by weighing all children below 5 years and plotting in MCP cards and growth registers of AWC through AWW/ANM.
b. All malnourished children will be identified by "Weight for age" criteria for identifying Severe Underweight (SUW) and by "Weight for height" criteria for categorizing children under Moderate Acute Malnutrition (MAM) and Severely Acute Malnutrition (SAM).
c. All malnourished children so identified will be provided with 'Special care and Supervised feeding' under "Gorumuddalu".
d. Once identified, all SUW/SAM/MAM children will be examined by the MO (PHC) who may prescribe medicines along with the supervised feeding. These medicines may address deworming and include vitamin/ iron/ calcium supplementation. Antibiotics may also be prescribed by the MO (PHC), The MO (PHC) will also advise whether a SUW/SAM/MAM child has to be referred to the NRC or not.
e. Children who do not gain any weight after 2-3 weeks of supervised feeding and prescribed medicines or do not make satisfactory progress during any stage of supervised feeding will have to be reassessed by the MO (PHC) and may have to be referred to the NRC. On return from the NRC, children may be enrolled for supervised feeding for follow up, if necessary.

12. ***Complementary Feeding & Child Nutrition:***

a. Counselling and Home visits for introducing complementary feeding at 7th month and continued breast-feeding up to 2 years.
b. Counselling on age specific quantity, quality and frequency of dietary intake for children (from 7th month to 5 years) during NHDs, Home visits and Awareness Programmes.
c. Supplementary nutrition at AWC.

13. ***Management of ARI & Diarrhoea:***

a. Early identification of ARI & Diarrhoea
b. Use of ORS & Zn for Diarrhoea
c. Continued feeding during episodes of illness.
d. Appropriate referral & follow up.

14. ***Strengthening of referral system:*** Establishing a referral linkage between community to health facilities and among health facilities. This

will particularly include referrals for ARI, Diarhoea and other severe illnesses among infants and referrals for high-risk pregnancies.

15. ***Family Planning.***
    a. Delay in first pregnancy.
    b. Spacing methods after first delivery.
    b. Permanent methods with focus on Male sterilizations.

16. ***Maternal & Infant Death Reviews:***
    a. Improve reporting of Maternal deaths, Stillbirths& Infant deaths.
    b. Do Community Based Maternal and Infant Death Review & Facility Based Maternal and Infant Death Review.
    c. Review at district level with appropriate interventions to prevent such deaths in future.

17. ***Sanitation & Hygiene:***
    a. Counselling on Sanitation & Hygiene (Environmental & Personal)
    b. Hand washing practices
    c. Ensuring Cleaning of village water tanks & Chlorination of Water (Wells/Bore wells/Potable water)
    d. Use of Individual Sanitary Latrines (ISL) by all households.

18. ***Age at Marriage:***
    a. Implementation of Prohibition of Child Marriage Act, 2006
    b. Awareness creation regarding the ill-effects of child marriage and legal provisions

19. ***Adolescent Girls:***
    a. Weekly Iron Folic Acid Tablet supplementation at schools and AWC.
    b. Nutrition and health education on lifecycle approach.
    c. Focus on school dropout's and vocational training

20. ***Gender Sensitization:*** Focus on -
    a. Implementation of PC & PNDT Act & Adverse Sex Ratio
    b. Girl Child Education
    b. Trafficking and domestic violence

8. An important aspect of convergence efforts will be bringing about behavioral change in community. This will be achieved –
    i. By the GP/Ward convergence and PHC/ULB convergence committees, by engaging community through discussion, rallies, and participation during Janma Bhoomi

ii. Coordinated counselling by AWW and supported by ANM, ASHA and other staff on Nutrition and Health Day (NHDs) and during home visits

iii. IEC campaigns conducted by the allied departments jointly and separately.

9. Awards will be initiated for best performance by the Committees, PRIs, SHGs and functionaries of the allied departments.

10. The allied departments will complement the convergence efforts by making available quality services for health, nutrition, drinking water and sanitation.

11. The allied departments will maintain name-based data base with Aadhar seeding to enable close follow-up of the target group and for achieving harmonized MIS across departments.

12. In order to operationalize the process of convergence and actively engage all the stakeholders in the process, the District Collectors will convene district level workshops and disseminate the objectives and the key interventions of the Programme. Thereafter the above Committees will meet once in a month to review the implementation and progress of key interventions and the behavioral change.

13. The Health Medical & Family Welfare, W.D. & C.W. Departments and allied departments will be responsible for taking forward the convergence efforts in all aspects.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

I.Y.R.KRISHNA RAO
CHIEF SECRETARY TO GOVERNMENT

To
1) The Prl.Secy to HM & FW, A.P. Secretariat
2) The Prl. Secy. to Deptt., for WCD&SC, AP, Hyd.,
3) The Prl.Secy to PR & RWS, A.P. Secretariat
4) The Prl.Secy to Rural Development, A.P. Secretariat
5) The Prl.Secy to Tribal welfare, A.P. Secretariat
6) The Prl. Secy. to M.A. & U.D. A.P., Secretariat.
7)The Commissioner of Health and Family Welfare, A.P., Hyderabad.
8) The Commissioner, Women Development and Child Welfare, Hyderabad
9) The Commr, PR, A.P., Hyderabad
10) The Engineer-in-Chief, P.R., A.P., Hyderabad.
11) The Engineer-in-Chief/Chief Engineer, RWS, A.P., Hyderabad
12) The CEO – SERP, Hyderabad

13) The Commissioner, Rural Development, Hyderabad
14) The Commissioner, Tribal welfare, Hyderabad
15) The M.D., MEMPA, A.P., Hyderabad.
16) All the District Collectors.
17) The Commissioner, Municipal Administration and Urban Development Department .
18) The Commissioner, APVVP, Hyderabad
19) The Director of Medical Education, Hyderabad
20) All DM&HOs in the Sate
21) All Regional Directors of Medical and Health Services in the State
22) All Regional Directors, WD&CW Agency
23) All Project Directors, WD&CW Agency
24) All RDO's / Sub Collectors

Copy to:
The P.S. to Prl. Secretary to C.M.
The P.S. to Chief Secretary to Govt.
The P.S. to Minister Health & Family Welfare.
The P.S. to Minister for Panchayat Raj & Rural Water Supply
The P.S. to Minister for Rural Development, Housing, Sanitation.
The P.S. to Minister for WCD&SC
Sf/Scs

// FORWARDED::BY ORDER //

SECTION OFFICER